

PROFESSIONAL EMPLOYER ARRANGEMENT CLIENT INITIATION OR TERMINATION FORM

39-8-207 (2)(e) Montana Code Annotated, states the professional employer organization or group shall: notify the department in writing within 20 days after a client either commences or terminates a professional employer arrangement or an employee leasing arrangement with that professional employer organization or group.

Please furnish a copy of this completed form:

Email: brwall@mt.gov

Fax: 406-444-3465

State of Montana

Department of Labor & Industry

Employment Relations Division

Attn: Brett Wall

PO Box 8011, Helena MT 59604-8011

1805 Prospect Avenue, Helena MT 59601

Phone: 406-444-0776

DLI/ERD use only

Excel: _____

Policy: _____

NCCI: _____

WCAP: _____

UEF Letter: _____

Notes: _____

Employee Leasing Company Information:

Name of Company: _____

Address of Company: _____

City, State & Zip: _____

Contact Person: _____ Telephone # _____

Federal Tax ID #: _____

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Client Company Information:

Name of Client Company: _____

Address of Client Company: _____

City, State & Zip: _____

Contact Person: _____ Telephone # _____

Federal Tax ID #: _____

Month, Day and Year leasing arrangement **initiated**: _____

Month, Day and Year leasing arrangement **terminated**: _____

Reason for **termination**: _____

WC class codes used for this client: _____

WC policy number: _____ Policy effective date: _____

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Completed by: _____

Date form completed: _____

Note: If applicable, please provide the business location and/or employee status within Montana.